



Florida Department of Environmental Protection

Northwest District Branch Office
630-3 Capital Circle NE
Tallahassee, Florida 32301

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

May 18, 2009

Michael Wallenfelsz
Blue Ribbon Cleaners I
1102 East Lafayette Street
Tallahassee, Florida 32301

Dear Mr. Wallenfelsz:

A Department representative inspected your facility to determine compliance with the Air Quality Operating Permit. The program identification number for this facility is 0730079. The permit **expires on July 29, 2011**. This letter applies only to activities covered by the Air Resource Management Program.

Based on the inspection results, the Tallahassee Branch Office reported a status of **In-Compliance** for your facility. Note that your compliance status may be subject to further review by the District Program Office.

In order to complete the yearly inspection process, the enclosed "Annual Compliance Certification Form" will have to be completed. Please fill out your relevant sections of the form, including the Annual Reporting Period. The last recorded end date on your previously submitted form appears to be **August 21, 2007**. Please check your compliance status box, sign and date the bottom of the form, and return or mail the form back to this office. You may keep the yellow copy for your records.

The assistance you provided is appreciated. You are encouraged to review the enclosed inspection checklist and its comments section. If you have any questions, your local contact is Tracy White at (850) 488-3704 or tracy.a.white@dep.state.fl.us.

Sincerely,

Marlane Castellanos
Branch Manager

MC/tw

Enclosures

cc: Rick Bradburn, FDEP, Pensacola
Mary Beth Curle, FDEP
Erica Mitchell, FDEP



PERCHLOROETHYLENE DRY CLEANERS



COMPLIANCE INSPECTION CHECKLIST

INSPECTION TYPE: ANNUAL (INS1, INS2) COMPLAINT/DISCOVERY (CI)
 RE-INSPECTION (FUI) ARMS COMPLAINT NO:

AIRS ID#: 0730079 **DATE:** 5/07/2009 **ARRIVE:** _____ **DEPART:** _____

FACILITY NAME: BLUE RIBBON CLEANERS I

FACILITY LOCATION: 1102 E Lafayette St
TALLAHASSEE 32301-4571

OWNER/AUTHORIZED REPRESENTATIVE: MICHAEL WALLENFELSZ **PHONE:** (850)942-5919

CONTACT NAME: _____ **PHONE:** _____

ENTITLEMENT PERIOD: 7/29/2006 / 7/29/2011
(effective date) (end date)

PART I: INSPECTION COMPLIANCE STATUS (check only one box)

IN COMPLIANCE MINOR Non-COMPLIANCE SIGNIFICANT Non-COMPLIANCE

PART II: FACILITY CLASSIFICATION - Rule 62-213.300 FAC
(check only one box in A)

<p>A. 1. Existing small area source <input checked="" type="checkbox"/> dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91)</p>	<p>2. New small area source <input type="checkbox"/> dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91)</p>
<p>3. Existing large area source <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91)</p>	<p>4. New large area source <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91)</p>

5. Ineligible for General Permit
 drop store/out of business/petroleum
 facility exceeds above limits

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 75 gallons.

PART III: GENERAL CONTROL REQUIREMENTS – Rule 62-213.300 FAC

(check only one box for each question)

Does the responsible official of the dry cleaning facility:

1. Store perc, and wastes containing perc, in tightly sealed & impervious containers? Yes No N/A
2. Examine the containers for leakage? ----- Yes No N/A
3. Close and secure machine doors except during loading/unloading? ----- Yes No
4. Drain cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? ----- Yes No N/A
5. Maintain solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? ----- Yes No N/A

PART IV: PROCESS VENT CONTROLS – Rule 62-213.300 FAC

(Refer to Part II-A.1.-4. Classification: page 1 of 4, this form)

1. If the facility classification is a **Existing small area source**, no controls are required. **Proceed to Part V.**
2. If the facility classification is a **New small area source**, the machine should be equipped with a refrigerated condenser. **Complete section A. below.**
3. If the facility classification is a **Existing large area source**, the machine should be equipped with either a refrigerated condenser or a carbon adsorber. **Complete both sections A and B below.** *Carbon adsorber must have been installed prior to September 22, 1993*
4. If the facility classification is a **New large area source**, the machine should be equipped with a refrigerated condenser. **Complete both sections A and B below.**

A. Has the responsible official of all existing large area & new sources:

(check only one box for each question)

1. Equipped all machines with the appropriate vent controls? ----- Yes No
2. Equipped dry-to-dry machines with a closed-loop vapor venting system? ----- Yes No N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? ----- Yes No N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? ----- Yes No
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? ----- Yes No N/A
6. Conducted all temperature monitoring after an appropriate cool-down period and after verifying that the coolant had been completely charged? ----- Yes No

PART IV: PROCESS VENT CONTROLS – Rule 62-213.300 FAC (continued)

B. Does the responsible official of an existing large or new large area source also:

(check only one box for each question)

1. Measure and record the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? ----- Yes No
2. Measure and record the washer exhaust temperature at the condenser inlet and outlet weekly? ----- Yes No N/A
 - a) Is the temperature differential equal to, or greater than 20° F? ----- Yes No N/A
3. Measure and record the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped exclusively with a carbon adsorber? ----- Yes No N/A
 - a) Is the perc concentration equal to, or less than 100 ppm? ----- Yes No N/A
4. Assure that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? ----- Yes No N/A
5. Equip transfer machines (dryers, reclaimers, and washers) with individual condenser coils? ----- Yes No N/A
6. Route airflow to the carbon adsorber (if used) at all times? ----- Yes No N/A

PART V: RECORDKEEPING REQUIREMENTS – Rule 62-213.300(3) FAC

Does the responsible official:

(check only one box for each question)

1. Maintain receipts for perc purchased? ----- Yes No
2. Maintain rolling monthly total of yearly perc consumption? ----- Yes No
3. Maintain leak detection inspection and repair reports for the following:
 - a) documentation of leaks repaired w/in 24 hrs? or; ----- Yes No N/A
 - b) documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? ----- Yes No N/A
4. Maintain calibration data? (*for applicable direct reading instruments*) ----- Yes No N/A
5. Maintain exhaust duct monitoring data on perc concentrations? ----- Yes No N/A
6. Maintain a startup/shutdown/malfunction plan? ----- Yes No
7. Maintain deviation reports? ----- Yes No N/A
 - a) Problem corrected? ----- Yes No N/A
8. Maintain a compliance plan, if applicable? ----- Yes No N/A

PART VI: LEAK DETECTION AND REPAIRS – Rule 62-213.300 FAC

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak

(check only one box for each question)

detection and repair inspection? ----- Yes No

2. Does the facility maintain a leak log? ----- Yes No

3. Does the responsible official check the following areas for leaks?

a) Hose connections, fittings, couplings, and valves -----	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	g) Muck cookers -----	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
b) Door gaskets and seating -----	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	h) Stills -----	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
c) Filter gaskets and seating -----	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	i) Exhaust dampers -----	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
d) Pumps -----	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	j) Diverter valves -----	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
e) Solvent tanks and containers--	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	k) Cartridge filter housings	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
f) Water separators -----	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A				

4. Which method(s) of detection (is/are) used by the responsible official?

a) Visual examination (condensed solvent on exterior surfaces) -----	a) <input checked="" type="checkbox"/>
b) Physical detection (airflow felt through gaskets) -----	b) <input checked="" type="checkbox"/>
c) Odor (noticeable perc odor) -----	c) <input checked="" type="checkbox"/>
d) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) -----	d) <input type="checkbox"/> ** (see below)
e) Halogen leak detector -----	e) <input checked="" type="checkbox"/>

****If using direct-reading instrumentation, is the equipment:** ----- ** N/A

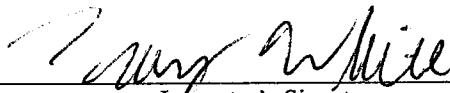
1) Capable of detecting perc vapor concentrations in a range of 0-500 ppm? -----	1) <input type="checkbox"/> Yes	<input type="checkbox"/> No
2) Calibrated against a standard gas prior to and after each use (PID/FID only)? -----	2) <input type="checkbox"/> Yes	<input type="checkbox"/> No
3) Inspected for leaks and obvious signs of wear on a weekly basis? -----	3) <input type="checkbox"/> Yes	<input type="checkbox"/> No
4) Kept in a clean and secure area when not in use? -----	4) <input type="checkbox"/> Yes	<input type="checkbox"/> No
5) Verified for accuracy by use of duplicate samples (calorimetric only)? -----	5) <input type="checkbox"/> Yes	<input type="checkbox"/> No

Tracy White

5/07/2009

Inspector's Name (Please Print)

Date of Inspection



Inspector's Signature

6-12 months

Approximate Date of Next Inspection

COMMENTS: I met with Greg Wallenfelsz. Records were available and maintained. The machine was not in operation and no leaks, odors, etc. were noted. Containers and water disposal machine was maintained.

Mr. Wallenfelsz had a leak detector available. Records were maintained for the monthly leak check.

The July 28, 2008 Notification requirement appeared to have been received by the District office.

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: _____	DATE: _____
FACILITY LOCATION: _____	

Annual Reporting Period: _____ 20 ____ TO _____ 20 ____

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: _____

Name (Please Print)	Signature	Date
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*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.